

Warsaw, ____/____/20__

Application no.		Academic year	2022/2023
Date of receipt	____/____/20__		
Signature of the receiving person			

FACULTY SCHOLARSHIP COMMITTEE

Completed by the dean's office or scholarship committee

Application for a scholarship for the disabled

Faculty					
Surname		Names			
Student record book number		PESEL no.			
Address					
City		Post code		Citizenship	
Street		Building number		Flat	
E-mail address		Phone number		Study: full-time/part-time*	
Cycle of study	first / second / PhD student*	Semester of study		Field of study	
Bank account number					

The total time of having student status is ____ semesters.

Date of occurrence of the disability: _____

The document certifying my disability is valid until: _____

My level of disability, according to the medical certificate: mild / moderate / severe *

Committee's decisions:

The scholarship for the disabled is not awarded because*: _____ _____	
The scholarship for the disabled is awarded for ____ months in the category _____ (in words)	
	signature
Date	

